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CENTRAL FAX CENTER****JUL 22 2005****DATE:** July 22, 2005**TO:** Examiner Karla A. Moore **FAX NO.:** 571-273-8300  
USPTO GPAU 1763**FROM:** Jeffrey S. Abel  
Reg. No.: 36,079**RE U.S. App. No.:** 10/602,294, filed June 23, 2003**Applicant(s):** Venkat Selvamanickam, et al.**Atty Dkt No.:** 1014-SP108-US**Title:** HIGH THROUGHPUT CONTINUOUS PULSED LASER  
DEPOSITION PROCESS AND APPARATUS**NO. OF PAGES (including Cover Sheet):** 11**MESSAGE:**

Attached please find:

- ☒ Transmittal Form (1 pg)
- ☒ Fee Transmittal (1 pg)
- ☒ Two-month Extension of Time (1 pg)
- ☒ Response to Office Action (7 pgs)

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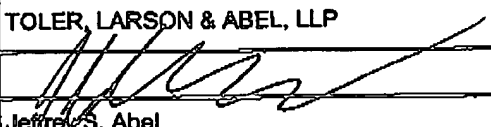
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<b>TRANSMITTAL FORM</b>  <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/602,294
	Filing Date	June 23, 2003
	First Named Inventor	Venkat Selvamanickam
	Art Unit	1763
	Examiner Name	Karla A. Moore
	Attorney Docket Number	1014-SP108-US
Total Number of Pages in This Submission		10

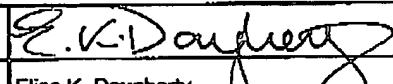
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks <b>CUSTOMER NO.: 34456</b>		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	TOLER, LARSON & ABEL, LLP		
Signature			
Printed name	Jeffrey S. Abel		
Date	7/22/05	Reg. No.	36,079

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Elise K. Dougherty	Date	7/22/05

This collection of information is required by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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<p>Effective on 12/09/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4816).</p> <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2005</h3>		<p><b>Complete if Known</b></p>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/602,2947
		Filing Date	June 23, 2003
		First Named Inventor	Venkat Selvamamickam
		Examiner Name	Karla A. Moore
		Art Unit	1763
TOTAL AMOUNT OF PAYMENT (\$)		450.00	
		Attorney Docket No.	1014-SP108-US

**METHOD OF PAYMENT (check all that apply)**

☐ Check 
 ☐ Credit Card 
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 ☐ None 
 ☐ Other (please identify): \_\_\_\_\_

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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 
 ☒ Credit any overpayments

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**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

**Total Claims**    **Extra Claims**    **Fee (\$)**    **Fees Paid (\$)**    **Multiple Dependent Claims**    **Fee (\$)**    **Fees Paid (\$)**

- 20 or HP =    x    =      
 HP = highest number of total claims paid for, if greater than 20

**Independent Claims**    **Extra Claims**    **Fee (\$)**    **Fees Paid (\$)**

- 3 or HP =    x    =      
 HP = highest number of independent claims paid for, if greater than 3

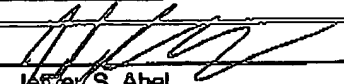
**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fees Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

**4. OTHER FEES(S)**

Non-English Specification, \$130 fee (no small entity discount)	
Other: Two-month Extension of Time	450.00

<b>SUBMITTED BY</b>		Registration No. 36,079	Telephone 512-327-5515
Signature		(Attorney/Agent)	Date 07/22/2005
Name (Print/Type)	Jeffrey S. Abel		

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